

DEC 27 1950

THE DIVISION OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 42702  
Registrar's No. 10747

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. <u>1002</u>		Registrar's No. <u>10747</u>	
1. PLACE OF DEATH a. COUNTY <u>0</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		d. STREET ADDRESS (If rural, give location) <u>1074 S. Kingshighway</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jewish Hospital</u>				3. NAME OF DECEASED a. (First) <u>George</u> b. (Middle) <u>H.</u> c. (Last) <u>Pond</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>December 15/50</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>November 21/89</u>		9. AGE (In years last birthday) Months Days <u>61 0 24</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Federal Heating</u>	
11. BIRTHPLACE (State or foreign country) <u>Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>John Pond</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Wolfinger</u>	
14. NAME OF HUSBAND OR WIFE <u>Marie Pond</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>492053983</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Marie Pond</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>AORTIC STENOSIS</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>EMPHYSEMA, PULMONARY</u> DUE TO (c) <u>DUODENAL ULCER</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>PULMONARY INFARCT</u> <u>HEALED TBC</u>				INTERVAL BETWEEN ONSET AND DEATH <u>UNKNOWN</u> <u>SEVERAL YEARS</u> <u>4 YRS</u> <u>1 WEEK</u> <u>UNKNOWN</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>HIT</u>					
22. I hereby certify that I attended the deceased from <u>11/17</u> , 19 <u>50</u> , to <u>12/15</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12/14</u> , 19 <u>50</u> , and that death occurred at <u>2:50</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Nancy Eggen</u>				23b. ADDRESS <u>634 N. Grand</u>		23c. DATE SIGNED <u>12/16/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Dec 18/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lemay, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>DEC 17 1950</u>		REGISTRAR'S SIGNATURE <u>J. W. Foster</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Fendler Ind. Co.</u>			
				ADDRESS <u>7420 Michigan</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. N. Agness  
3103 Hunter Bldg.  
9-12 a.m.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*W E Morris*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3360

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.